



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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September 13, 2006

Theresa Pendleton, Administrator  
Desano Place, LLC  
PO Box 147  
Shoshone, ID 83352

FILE COPY

Dear Ms. Pendleton:

On September 6, 2006, a life safety code survey was conducted at Desano Place, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/06/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESANO PLACE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>218 W B ST SHOSHONE, ID 83352</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Sept 6, 2006. The surveyors conducting the survey were:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Chris Laumann Fire/ Life Safety Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE